05910	0.11
Reg. Dist. No	14
OF DECEASED:	1
ounty Carroll	d
ts, write RURAL and give near	est town)
e LOCATION)	
3. (b) Social Security 1	Vumber
ERTIFICATION	
	at /1:00 Pm
1 3 19 41	and trom
ove stated; that I attended decea	ked trom
pove stated; that I attended decea	led trom 19
pove stated; that I attended decea	ked trom
ove stated; that I attended decea	led trom 19
pove stated: that I attended decay 10 Assistance 10 Assistance	led trom 19
ove stated; that I attended decea	led trom 19
pove stated: that I attended decay 10 Assistance 10 Assistance	led trom 19

(County)

Injured at work?



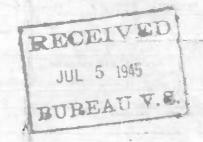


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

CERTIFICATE OF DEATH

County City or town	City or town. Cif rural, give LOCATION) Sireet No. (If rural, give LOCATION) 2. (a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color berace 6.(a) Slogle. married, widowed, or divorced Mule nhite modows. 6.(b) Name of what or burgania DELL Bell	MEDICAL CERTIFICATION 20. DATE DF DENH. 3.0 19. 4.5. at 1.4.5. M 21. I CERTIFY Control on the date above stated; that attended deceased from 4.3. to 1.4.5. 19. 4.5.
7. Birth date of deceased (mo., d. Hary 13 / 8 7 0 8. AGE: Years Agains Days If less than one day hars, min. 9. Birthplace Associated Materials	and that lest saw harm alive on lesses 3 19 % 1 Impediate cause of death DURATION DURATION Due to
10. Usual occupation	Due to
14. Maide Marine M. Sill 15. Birthplace Marine Belt 18. informant Marine Belt	(Include pregnatey within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Vandscale Date thereof. (Mouth) (day) (year) Cemetery or crematory. Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director. Edw Mislon Address Hauntstead Md 19. Mate ree'd by registrar) 19. Registrary	23. SIGNATURE Support Signed 6-30-45



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CEDTIFICATE OF DEATH

03912

CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME	E) OF DECEASED:
City or town	State M. College Contraction	County Charact
How long in above place of death? 25 Juliana Hospital, institution, or street address where doubt occurred:	~ . //	limits, write RURAL and give nearest town)
3/lassel I	Street No. 3 (1f rurai,	give LOCATION)
How fong In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Mandelia Bemille		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Wellowed	MEDICAL 20, DATE OF DEATH.	CERTIFICATION
B.(b) Name of husband or wife Jacob H. Bessiller	21. I CERTIFY that leath occurred on the dat	te above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) May 30 1858	end that I last saw h	Wientschar DURATION
8. AGE: Years Months Days It less than one day S	and Bei	t Falluse
8. Sirihpiace Wyn mills Carolf C. My (Town, county, and state)	. Due to.	
10. Usual occupation Production	Due to	
11. Industry or business 12. Name Dulyout	Dither conditions	
	(Include pregnancy with	in 3 months of death)
14. Malden name. Assault tusulalist. 15. Birthplace M.A	Major findings of operations	
16. Intermant Das Land - 9 - Achier	Autopsy results	
Address Curoll FT Westmuster MI. 17. Burial Date thereof June 2/45	22. VtOLENCE: It death was due to externa	of causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year) Cemetery or crematory	Accident, suicide, or homicide	wn) (County) (State)
Location Mess, westmenter, med.	injured at home, farm, industry, public plac	e (where?)
18. Funeral director Disglassia for	Means of injury	Injured at work?
Address Westmington Med	23. SIGNATURE	M. D. grother
18	Address M. oslesses	este Mal house 199

PRINCEVICE

T. V. S.

MARYLAND STATE DEPARTMENT OF HEALT 2411 N. Charles St., Baltimore 136 CERTIFICATE OF DEATH Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) legibly. 1. PLACE OF DEATH: County Carroll Cliy or iown Henryton
(If outside city or town limits, write RURAL and give nearest town)
4 months, 6 days Maryland Baltimore carefully. (If outside city or town limits, write RURAL and give nearest town) 223 W. Biddle St. Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium death clearly (If rural, give LOCATION) Colored Branch, Henryton, Md. information of death cle 3. (a) FULL NAME 3. (b) Social Security Number lost JOHN BOYD 6.(a)Single, married, widowed, or divorced 5 Color or tace 4 Sax MEDICAL CERTIFICATION causes BINDING June 15. ... 45 .10.20 colored Married male 20 DATE DE DEATH Jessie Boyd 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife.... Feb., 9, 19. 45 to June 15, 19. 45 6.(c) If alive, give age vears and that last saw h im alive on June 15. November 26, 1893 deceased (mo., day, yr.) If less than one day 8. AGE: Oct.26 MARGIN RESERVED 51 27 9. Birtholace Columbus, S. C. (Town, county, and state) Laborer 1D. Usual occupation, 11. Industry or business Pink Boyd 12. Name...... 13. Birthplace Unknown important. (Include pregnancy within 3 months of death) 14. Maiden nar Unknown 14. Maiden name.... Major findings of operations..... Unknown C. D. Lee, M. D. 16 Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Henryton. Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof... Accident, suicide, or homicide..... Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?) VS A15 6 Henryton. Registrar | Address. Loca

JUN 18 1945 BURRAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6

03914

CERTIFICATE OF DEATH

eg. Dist. No. 74

1. PLACE OF DEATH: County Carroll City or town. Sykesville (If outside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
			Md Montgomery			
How long in above nia	ce of death? Z	yrs. 15 days	City or town Gaithersburg (if outside city or town limits, write RURAL and giv	e nearest town)		
Hospital, Institution,	or street address where	death occurred:	Street No.			
Spring	field Sta	ate Hospital	(If rural, give LOCATION)	/		
		vs. 15 days	2.(a) If voteran, name war			
3. (a) FULL NA	ME		3. (b) Social Secu	rity Number		
	DOTTIE	OBELIA BUCHANAN				
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
F	W	M	20. DATE DF DEATH June 1	45 at 8.30P.		
6 (b) Name of husbar	nd or wife Ben	jamin A.Buchanan	21. I CERTIFY that death occurred on the date above stated; that I altended	deceased from		
			May 22 19 45 to June	19.45		
7. Birth date of	Tan 1	26, 1889	and that I last saw h	19.42		
8. AGE: Ye	ars Months	Days I If less than one day	Pulmonary tuberculosis	unk.		
	56 5	6hrs.	***************************************	ulik.		

9. Birthplace	onenendoa.	County, Virginia	1 Due to	***************************************		
10. Usual occupation	HO	usewife		********		
11. Industry or busin			Due to	**********		
	Tanah C	boo		***************************************		
12. Name 13. Birthplace			Involutional Melancholia	8 vrs		
区 13. Birthplace	Virg		(Include pregnancy within 3 months of death)			
14. Maiden nam	ne		Major findings of operations.	***************************************		
15. Birthplace	Virg:	inia	Date of op.			
18. Interment	Records of	f Springfield Stat	Le Autopsy results			
		Sykesville, Md.	PHYSICIAN: Please underline the cause to which death should be cha	arged statistically.		
		11/1/11/	22. VIOLENCE: if death was due to external causes, fill in the following;			
17(Burial, cremati	ion, or removal. Which	Bate thereof (month) (day) (year	Accident, suicide, or homicide	***************************************		
Cemetery or crematory Aculhur busey,			Where dld injury occur?	Where did injury occur?		
0	alkente	ng Well *	Injured at home, farm, Industry, public place (where?)			
Location	\mathcal{L}	8 D Species	Means of injury Injured at work:			
18. Funeral director	Junes	10 = 100	£ 21/	THE		
Address	Jackhe	woney mel	23. SIGNATURE Codiward I. Ker	man		
. (/	# 1045	- A Johnson Tolo	/ N	f. D. er other		
Date rec'd by	registrar)	Reg	Address Sykesville, Md. Date st	gned 6-1-45		

VS A15

PLEASE

WFFH UNFADING INK. Supply every item of information carefully. The corrimportant. Physicians: please write the causes of death clearly and legibly.

FOR BINDING

MARGIN RESERVED





CERTIFICATE OF DEATH

CERTIFICA	ATE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County Carroll City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 29 days Hospital, institution, or street address where death occuyed: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. How long in hospital or institution? MAY ELIZABETH CHANEY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland Frederick City or town Frederick (If ontside city or town limits, write RURAL and give nearest town) Street No. 109 Ice Street (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female colored Married	MEDICAL CERTIFICATION 20, DATE OF DEATH. June 15, 19 45 at 8.50P.
8.(b) Name of husband or wife	lmmediate cause of death. Pulmonary Tuberculosis Apr.
9. Birthplace Frederick, Md. (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business at home 12. Name Alexander Scott 13. Birthplace Ohio	Due to
14. Maiden name Rachel Dorsey 15. Birthplace Frederick, Md. 18. Informant George G. Adams, M. D.	(Include pregnancy within 8 months of death) Major findings of operations
Address Henryton, Md. 17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Location B. Funeral director. M. Date thereof. (month) (day) (year) (month) (day) (year)	Where did injury occur?
Address Hredericks Moreland	Marses Malan

Registrar | Address.

Henryton, Md.

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, is especially

VS A15

PLEASE

19. 6/15
(Date rec'd by registrar)

45

Deputy I



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (337)

md. Date signed 6-22-45

CERTIFICAT	TE OF DEATH Reg. Dist. No. 74
1. PLACE OF DEATH: County Springfield State Hospital City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 15 days Hospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 15 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Jennie L. Cheatham	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Marred	MEDICAL CERTIFICATION 20. DATE DF DEATH June 22, 19. 45,13:408.
6.(b) Name of husband or wife John C. Cheatham 6.(c) If alive, give age 60 years 7. Sirth date of deceased (mo day, yApril 1, 1885 8. AGE: Years' Months Days if less than one day 60 2 21 hrs. min.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 7 19 45 to June 22 18 45 and that I last saw her alive on June 22 18 WS. Immediate cause of death DURATION
S. Birthplace North Brunswick, Canada (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Due to. Due to. Due to.
12. Name Milton Abner 13. Birthplace Canada 14. Maiden name Elizabeth ? 15. Birthplace Canada	Other conditions (Include pregnancy within 8 months of death) Major findings of operations. Belong of one
16. Informant Records of Springfield State Address Hospital, Sykesville, Md. 17. (Burlal, cremation, or removal, Which) Date thereof (month) (day) (year) Location 2. (Sykesville) 18. Funeral director (month) (day)	Autopsy results

23. SIGNATURE

Address..

Date rec'd by registrar)

Registrar

A15 VS PLEASE

WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 27 1945
BUREAU V.S.

2411 N. Charles St., Baltimore 332)

05918

CERTIFICATE OF DEATH

County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Carroll City or town Berrett (If outside city or town limits, write RURAL and give nearest town) R.D. Sykesville (If rural, give LOCATION)	
			Street No. (If rurai, give LOCATION)	
			2.(a) If veteran, name war	
3. (a) FULL NAMI		IDA B. CONAWAY	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL GERTIFICATION	
Female	White	Widowed	20. DATE OF DEATH	
	eased	1bus A. Conaway 6.6) If allive, give ageyear 6, 1865	21. I CERTIFY that death occurred on the date above stated; that I at ended deceased from	
8. AGE: Years 80 9. Birthplace Car	roll Co.	Days If less than one day 24 hrsmin Maryland ounty, and state) VOrk	Cerekial Turrence	
11. Industry or business	3			
岩 12. Name	Warner N	Pickett	Other conditions	
13. Birthplace	N	Maryland	(Include pregnancy within 3 months of death)	
14. Malden name	Airy J	Tenkins Maryland	Major liadiugs ol operations	
16. Informant Mr.	Clarence	e Conaway	Autopsy results	
17. Buri	al or removal. Which?) Ebe	Date thereof July 2, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Location Win	dield, Ca	arroll Co. Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director	C.	. M. Waltz Winfield, Md.	Means of Injury Injured 2t work?	

Registrar

Address.....

VS A15

PLEASE

Date rec'd by registrar)

WRITE PLAINLY, WITH UNKADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

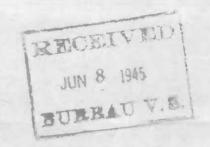


Registrar

Address....

.Cate signed.

(Date rec'd by registrar)



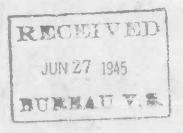
23. SIGNATURE

Registrar

VS A15

Address

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.

05921

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County. Carroll City or town. Henryton City or town imits, write RURAL and give nearest town) How long in above place of death? 4 months. 13 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland. 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Wicomico City or town Salisbury (If outside city or town limits, writs RURAL and give nearest town) Street No. 114 Catherine St., (If rural, give LOCATION) 2.(a) It veteran, name war.
LENA DASHIELDS	213-24-0884
4. Sex 5. Color or race 8.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
female colored single	20. DATE OF DEATH. June 8, 19 45 , 17.00A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 26, 19 45 to June 8, 19 45 and that I last saw her alive on June 8, 19 45
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis Nov.
15 2 9hrsmln.	1944
9. Birihplace Salisbury, Md. (Town, county, and state) 10. Usual occupation Scholar 11. Industry or business at school 12. Name Marvin Dashields 13. Birihplace Salisbury, Md.	Due to
14. Malden name Mabel Pinkney 15. Birthplace Salisbury, Md.	(Include pregnancy within 8 months of death) Major fiadings of operations
George G. Adams, M. D. Address Henryton, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing:
17	Accident, suicide, or homicide
18. Funeral director That I have the desired	Injured at home, tarm, industry, public place (where?)
19. (Date rec'd by registrar) Address 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIGNATURE A. C. M. D. or other Henryton, Md. Date signed 6/8/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



rrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 156

CERTIFICATE OF DEATH

74 Reg. Dist. No ...

1. PLACE OF DEATH: County	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long in above place of death? 4 months Hospilal, institution, or street address where death occurred Maryland Tuberculosis	9 days	City or town		
Colored Branch, Henry How long in hospital or instiluiton?	ton, Md.	C (If rural, give LOCATION) 2.(a) It veteran, name war	/	
3. (a) FULL NAME SAMUEL ARTHUR		3. (b) Social Security	Number	
	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored si	ngle	20. DATE DF DEATH June 13, 19 45	9.45A	
6,(b) Name of husband or wife			sed from . 45	
7. Birlh date of deceased (mo., day, yr.) July 15, 1	943			
8. AGE: Years Months Days		Immediate cause of death	Unichown	
1 10 29	hrsmin.			
9. Birthplace Baltimore, Md. (Town, county, and a		Due to.	***************************************	
	***************************************	Due to	******	
11. Industry or business 12. Name		Other conditions		
14. Maiden name Emily Johnso Virginia George G. Adam		(Include pregnancy within 3 months of death) Major findings of operations		
E 15. Birthplace	a M D			
16. Informani		Autopsy results		
Address Henryton, Mary	land.	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
Date there (Burial, cremation, or removal, Which?)	eot fune 5-H	KAAcident, suicide, or homicide	,	
(Burial, cremation, or removal, Which?)	(month) (day) (year)	Where did injury occur? (City or town) (County)		
Cemetery or crematory	1 Jhin	(City or town) (County)		
-00	Jr. P	Injured at home, tarm, industry, public prace (where?)		
18. Funeral director.	Wilson			
Address 1000 /32	and they were	23. SIGNATURE Senze K. Cedan	-s and	
19. 6/13/45 19 Whe	puty Local Registrar	Address Henryton, Md. Date signed.	orner *	

MARGIN RESERVED FOR BINDING

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JUN 16 1945

BUREAU V.A.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

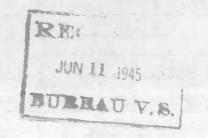
2411 N. Charles St., Baltimore

05922

CERTIFICATE OF DEATH

D. N 74

				Keg. Dist.	. 110	
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Hemryton. (If outside city or town limits, write RURAL and give nearest town)			***************************************	State Maryland County		
(If outsid	le city or town lin	oits, write I	RURAL and give nearest town)	Baltimore		
How long in above place of de	eath?	TOTI OII	, ao days	(If outside city or town limits, write RURAL, pro-	d give nearest town)	
Haryland I	ubercul	LOSIS	d Sanatorium	Street No. 911 Bevan Street		
Colored Br.	anch, F	lenry	ton, Md.	(If rurai, give LOCATION)	/	
3. (a) FULL NAME						
	SUSIE I	TNGE	R	3. (0) Social S	Security Number	
	Color or race		ie, married, widowed, or divorced	MEDICAL CERTIFICATION	ON	
female c	homo fo		manniad			
Temate C	olored	1	married	20. DATE OF DEATH June 6,	9 45 at 8.45A	
6.(b) Name of husband or wi	fe			21. I CERTIFY that death occurred on the date above stated; that I atte		
***************************************	***************************************	6.(c) It alive, give ageyears	April 9, 1945 10 Ju		
7. Birth date of deceased (mo., day, yr.)	Dec.,	25.	1919	and that I last saw her alive on June 6,		
8. AGE: Years	Months	Days	It less than one day	Pulmonary Tuberculosis	Feb. 1	
25	5	12	hrsmin.	Tulmonary Tubercurosis	1945	
9. Birthplace	ith Car	olina			1940	
1	(Town, c	ounty, and	state)	Due to		
10. Usual occupation	ctory W	orkei	•			
11. Industry or business	Jnknown			Due to	1	
置 12. Name Jg	ames TRo	we		Other conditions		
12. Name						
		-		(Incinde pregnancy within 3 months of death)		
TT-	nknown	***************	***************************************	Major fiedings of operations.	***************************************	
		0.0	N. D.	Date of	ор	
16. Intermant	euben n	orima	an, M. D.	Antopsy results		
Address He	enryton	, Md.		PHYSICIAN: Please underline the cause to which death should be	charged statistically.	
Remores	1	Dain Aban	6/7/45	22. VIOLENCE: If death was due to external causes, till in the following	ig:	
(Burial, cremation, or removal. Wbicb?) Cemetery or crematory Location			(montb) (day) (year)	Accident, suicide, or homicide		
				Where did injury occur?	(State)	
				injured at home, farm, Industry, public place (where?)		
1 1.0	21415	100	wow olon	Means of Injury Injured at w	ork?	
18. Funeral director	~ /0 'c	2	AN. M. T.	7 . 5400	- ~	
Address 200	110.1	uig.		23. SIGNATURE Couley Moffman	m.D.	
19. 6/6/	45	ally	A R Swanphaus	menryton, ad.	M. D. or other . 6/6/45	
(Date rec'd by registra	r)	*******	Registrar	Address Date	signed 0/0/40	



FOR

RESERVED

MARGIN

information carefully of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Baltimore

CERTIFICATE OF DEATH

			CERTIFICAT	E OI BEATH	Reg. Diat. No	
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of a	DECEASED:	
County. City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 11 months, 11 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. 3. (a) FULL NAME MARY ETTA EWELL			URAL and give nearest town)	State Maryland county Somerset City or town Marion Station (If outside city or town limits, write RURAL and give nearest town)		
			Sanatorium	Streef No. Lover's Lane (If rural, givo	LOCATION)	
					3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
female	colored	sin	ngle	20. DATE OF DEATH June 6,	19. 45	6.00A
7. Birth date of deceased (mo., day, 8. AGE: Year	yr.) May	14, 1) If alive, give ageyears 9.26 If less than one day	June 26, 19. and that I last saw h. er alive on Jun Immediate cause of death. Pulmonary Tubercu	ne 6,	OURATION
19	9 0	23	hrs min.	Turmonary adoctor	± 90 ± 9	1944
9. Birthplace Marion Station, Md. (Town, county, and state) 10. Usual occupation Domestic 11. Industry or business Unknown			tate)	Due to		****
12. Name	John Zwel Pocomske	City,	Md.	Other conditions		
14. Maiden name Beulah Dennis 15. Birthpiace Pocomoke City, Md.				(Include pregnancy within 8 m		
16. Informant			•	Antopsy results	ich death should be charged	
Address Henryton, Md. 17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)				22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide		

PLAINLY, is especially

WRITE

PLEASE

Address

6 16 (Date rec'd by registrar)

Moens of injury

23. SIGNATURE Henryton,

(City or town)

injured at home, farm, industry, public place (where?)

M. D. or other ... Date signed.

(Connty)



UNFADING INK. Supply every item of information carefully. The carrect age ant. Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

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MARGIN RESERVED FOR BINDING

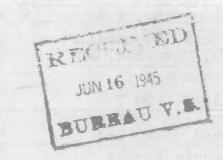
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Hon mark on	State Maryland County Dorchester		
(If outside city or town limits, write RURAL and give nearest town)	Tatt Ord Letana		
How long in above place of death? 3 MONUIS, 4 Gays	City or town		
Mospital, institution, or street address where death occurred:	Street No.		
Colored Branch, Tenryton, Md.	(If rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Security Number		
MARGIE FIELDS			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female colored Married	2D. DATE DF DEATH June 13, 19 45, at 1.20P		
6.(b) Name of husband or wife Louis Fields	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
B.(c) If alive, give age	January 9, 19 45 6 June 13, 19 45		
7. Birth date of	and that I last saw h. er alive on June 13, 19 45		
deceased (mo., day, yr.) March 12, 1898 8. AGE: Years Months Days If less than one day	Immediate cause of death		
407 7 3	Pulmonary Tuberculosis Aug.		
	in. 1944		
9. Birthplace Taylors Island, Md. (Town, county, and state)	Due to.		
10. Usual occupation Laborer			
10. Usual Victorial Victor	Due to		
11. Industry or business Unknown E 12. Name William Hooper			
	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Ada Hooper 15. Birthplace Taylors Island, Md.	Major findings of operations.		
2 15. Birthplace Taylors Island, Md.	Major manngs of operations. Date of op.		
18. Informant George G. Adams, M. D.	Antopsy results.		
Harman H.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
1 15 1 5	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Whigh?) Date thereof	Accident, suicide, or homicide		
Cemetery or crematory. Cemetery	Where did injury occur?		
Completely of the state of the			
Location	tnjured at home, farm, industry, public place (where?)		
18. Funeral director Solus a. Henry	Means of injury trijured at work?		
Address Cambridge md;	y of allen		
	23. SIGNATURE M. D., or other		
19. 6/13 (Date rec'd by registrar) 19. 45 (Date rec'd by registrar) 19. 45 Registrar	6/13/45		



FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

¥ 05926

CEDTIEICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
MARSHALL I. FISHER 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	The same of the sa
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male colored single	MEDICAL CERTIFICATION June 26, 45, at 3.25A,
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 21, 19 43, to June 26, 19 45 and that I last saw h im alive on June 26, 19 45 Immediate cause of death DURATION
8. AGE: Years Months Days if less than one day 19 9 8hrs. min.	Pulmonary Tuberculosis Dec.
9. 8irthpiace	Due fo
E 12. Name Gilbert Fisher Unknown	Other conditions
14. Maiden name Fanny Fisher 15. Birthplace Unknown	Major findings of operations
15. Birthplace Unknown	Date of op.
16. Informant C. D. Lee, M. D. Address Henryton, Maryland.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. Howard Chapter (month) (day) (year)	22. VIOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide
Location montgoney Co, md	Injured at home, farm, Industry, public place (where?)
Address FMA Quy	23. SIONATURE. OF LEE M. D.,
19. 6/26/45 (Date rec'd by registrar) October 19. Oc	Address Henryton, Maryland Date signed 6/26/4

VS A15

PLEASE

19. (Date rec'd by registrar)



information of death cle

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

Reg. Dist. No
DECEASED:
y Carroll
neytown, write RURAL and give nearest town)

3. (b) Social Security Number

	(If o	utside city or town limits, write KUKAL and give nearest town)	
How long	In above place	of death?	
Hospital,	Institution, or	street address where dealh occurred:	
How long	in hospital or	Institution?	

Tanevtown

5. Color or race

(If outside city or town limits (If rural, give LOCATION)

21. I CERTIFY that death occurred on the date above stated: that I altended deceased from

3. (a) FULL NAME

10. Usual occupation.....

14. Malden nar 15. Birthplace

4. Sex

I. PLACE OF DEATH:

County Carroll

Cily or town Rural

John T. Fleming

6.(a) Single, married, widowed, or divorced

MEDICAL CERTIFICATION 20. DATE OF DEATH......fune

2. USUAL RESIDENCE (HOME) OF (For newborn lufants give residence of a

Slate Maryland Cour

Male		White	M	Married			
;.(b) Name o	f husband or	wifeRoma	ine Fle	ming			
. Birth date	of mo., day, yr.)	Januari	17, 1	(c) If alive, give age	yea		
B. AGE:	Years	Months	Days	If less than one	day		
	55	4	16	hrs.	mir		
. Birthplace	2	(Tow	Marylan	dstate)			

Farmer

14. Malden name Alberta Davis

Maryland

		stry or business	
HER	12.	Name Samu	el Fleming Maryland
3	13.	Birthplace	Maryland

(Include pregnancy within 3 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

16. Informant	Mrs.	John.	.T.	Fle	ming.
Address	Tai	neyto	, av	Md.	

22. VIOLENCE: If death was due to external causes, fill in the following; Accident, euicide, or homicide.....

17 Burisl (Burial, cremation, or removal, Which?) Date thereof Cemetery or crematory Pipe Creek Cemetery

Location Uniontown, Md. 18. Funeral director C.O. Fuss & Son

Address Taneytown, Md

Registrar

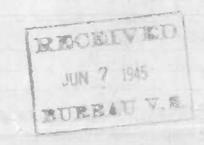
Where did injury occur?(City or town) Injured at home, farm, Industry, public place (where?)

Means of Injury

23. SIGNATURE

Date signed 6-4-

Injured at work?



2411 N. Charles St., Baltimore 13

CERTIFICATE OF DEATH

Reg. Dist. No... 74

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Henryton	State Maryland County Howard
	Elkridge
How long in above place of death? 1 month, 12 days	City or town Elkridge (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Panatorium	Street No. Church Street
	(If rurai, give LOCATION)
now long in nospital or institutions	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LONNIE FRANKLIN	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male colored married	20. DATE OF DEATH June 12, 1945 at 7.45P
6.(b) Name of husband or wife. Annie Franklin	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from April 30, 1945 to June 12, 1845
7. Birth date of Janlar 20 1805	and that I last saw h 12 alive on June 12, 19 45
deceased (mo., day, yr.) July 20, 1895	
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis Dec.
49 10 22hrsmin.	1944
Barnseville Co., S. C.	Tue de
9. Birthplace Barnseville Co., 3. C. (Town, county, and state)	DUE (U
10. Usual occupation Plasterer	
11. Industry or business Unknown	Due to
E 12. Name Ga Da Loca La Darry Frankle	Other con Milons
12. Name G. D. Lee, H. D. Jarry Frankle 13. Birthplace Henryton, Md. S. C.	Uther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Margie Kirres 15. Sirthplace South Carolina	Major fiadings of operations
\$ 15. 8 outh Carolina	Oate of on.
16. Informant Jerry Franklin C D. Lee M. D.	Antonsy results
10, shipilitani	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address South Carolina Shunglow, my	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Waich?) (Burial, cremation, or removal, Waich?) (month) (day) (year)	Accident, suicide, or homicide
alle 1. Ama Park	
Cemetery or crematory	Where did injury occur?
Location Nalethough & My	Injured at home, farm, industry, public place (where?)
18. Funeral director Mrs Xalil R. Williams	Means of injury Injured at work?
10. Funeral unectur	() A // in A
Address 322 n. Schroldy st	23. SIGNATURE LE LA TELLE LA T
19. 6/12 19.45 Deputy Local Registrar	M. D. or other
The state of the s	Manicoo

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

JUN 16 1945
BURBAU V.S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-6

CERTIFICATE OF DEATH

(15.	92	2	1
Reg.	Diat.	No.	//	6

1. PLACE OF DEATH: County CRAM PLEASANT VALLE (If ontside city or town limits, write RURAL and give uearest town) How long in above place of death? 2 MONTHS Hospital, institution, or streef address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME CHARLES E. FUHRA	3. (b) Social Security Number
4. Sex 5. Color or ruce 6.(a) Single, married, widowed, or divorced MALE WHITE WIDOWER	MEDICAL CERTIFICATION 20. DATE OF DEATH. JUNE 15 19.45 31 8 10 11
6.(b) Name of husband or wife. SARAH. H. E.K.ER. 7. Birth date of deceased (mo., day, yr.) SARAH. H. E.K.ER. 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8. AGE: Years Months Days If less than one day 90 10 21 hrs. min. 9. Birthplace A VONDALE MD. (Town, county, and state)	Bye to.
1D. Usual occupation	Bue to
12. Name SAMUEL TUHRMAN 13. Birthplace MARYLAND 14. Malden name MARY KNIPPLE 15. Birthplace MARYLAND	Diher conditions
18, Informant MRS. TS. F. WIDMPLER	Autopsy results
Address PLEADANT YALLEY, MD. 17. BURIAL (Borial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sutcide, or homicide
Cemetery or crematory KRIDERS CEMETERY Location WESTMINSTER, MID.	Where did injury occur?
18. Funeral director	23. SIGNATURE John & Stewart M. D. or other 9 th Address Mestronistic Malate signed was 16





PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 134)

CERTIFICATE OF DEATH

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECE. (For newborn infants give residence of mother)	ASED:
County		State Maryland County	Howard		
City or townA.t.	f outside city or town	limits, write R	URAL and give nearest town)		
How long in above pla	ace of death? Z YI	3.,11	mo., 25 days	City or town Ellicott City (If outside city or town limits, write R Frederick Pike	.URAL and give nearest town)
Hospital, institution,	or street address where	death occurred	s Sanatorium	Street NO	
Colore	d Branch,	Henr	s Sanatorium yton, Md.	(If rural, give LOCATI	ON)
				2.(a) If veteran, name war	
3. (a) FULL NA	ME	TAP	TITING TOCHDIL E) Social Security Number
			ILLIAM JOSEPH F		none
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIF	ICATION
male	col.		single	20. DATE DF DEATH June 9,	1945 3 9:50A
6.(b) Name of husbar	nd or wife		·····	21. I CERTIFY that death occurred on the date above stated;	that I attended deceased from
			c) If allve, give ageyears		June 9, 19 45
7. Birth date of			1908	and that I last saw h im alive on June	9, 45.
deceased (mo., day	y, yr.) Augus	t 11,	If less than one day	Immediate cause of death	
U. RUL.			The state of the s	Pulmonary Tuberculo	
	36 9	29	hrsmin.		1938
9. Birthplace	Ellicott	city,	Md.	Due to	
lehonon					м
10. Usual occupation				Due to	***************************************
11. Industry or busin		ד רקד		***************************************	
12. Name	illiam H.			Diher conditions	
				(Include pregnancy within 3 months of	death)
14. Malden name Clementine Mosley 15. Birthplace Charlottesville, Va.			osley	Major findings of operations	
15. Birthplace	Charlott	esvil	le, va.	Major managa of operations.	
	. D. Lee	M.D.		Autopsy results.	
Homeston Monstland				PHYSICIAN: Please underline the cause to which death	
				22. VIOLENCE: If death was due to external causes, flil in	the following;
17 Burnal (Burlal, cremation, or removal Which?) Date thereof 6-/3-45 (month) (day) (year)		Accident, suicide, or homicide	Date of		
Cemetery or crematory Select Cells		Where did injury occur?(City or town)			
		(City or town) Injured at home, farm, Industry, public place (where?)			
Location	001	/	1 1 A	Meens of Injury	Intured at work?
18. Funeral director	12.00	ugu	wollow	meens of injury	A A
Address Ellicott City, Ind.		23. SIGNATURE	ee M.D.		
19. June	9, 4	alle	eputy Loca Registrar	Henryton, Md.	M. D. or other 6-9-45
(Date rec'd hy	registrar)	D	eputy Loca Registrar	Address 110111 y 0011	Date signed

Deputy



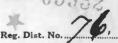
Evidence for change of MARYLAND STATE DEPARTMENT OF HEALT e is shown on 2411 N. Charles St., Baltimore 107) CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) How long ly above place of death?... Hospital Institution, or street address where death occurre Street No (If rural, give LOCATION) information of death cle How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION BINDING 21. I CERTIEY that death occurred on the date above stated; that I grended deceased from S.(b) Name of husband or wife..... .. 6. (c) If allre, give age. FOR 7. 8irth date of deceased (mo., day, yr.) DURATION Days If less than one day 8. AGE: RESERVED 9. Birtholace (Town, county, and state) 10. Usual occupation. MARGIN 11. Industry or bysidess (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations..... LAINLY, especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof..... (month) (day) Accident, suicide, or homicide..... Where did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Means of injury 23. SIGNATURE Harry Eleer NS Registrar (Date rec'd by registrar)



MARGIN RESERVED FOR BINDING

PLEASE

VS A15



CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County CARROLL City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? YEARS Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County CARROLL City or town (If outside city or town limits, write RURAL and give nearest town) Street No. ROBEROAD (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME RUTH ANNA GO	3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced FEMALE WHITE 5, NGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days It less than one day 78 8 24 hrs. 9. Birthplace LUDLONS KENTUCKY (Town, county, and state) 10. Usoal occupation RETIRED SCHOOL TERSHER 11. Industry or business	Immediate cause of death DURATION Due to. Due to. Due to.
13. Birthplace NOT KNOWN 14. Maiden name VIRGINIA HARWOOD 15. Birthplace NOT KNOWN	(Include pregnancy within 3 mouths of death) Major findings of operations. Date of op.
16, Informant MRG. A. M. S. C.O.L.E. Address WESTMINSTER, MD. 17. BURIDA Date thereot G. 30/45 (Burlal, cremation, or removal. Which?) Cemetery or crematory H. G.H. L. P.N.D. C.E.M.E.T.E.R.Y.	PHYSICIAN: Please waderline the cause to which death should be charged statistically.
Location COVINGTEN, KENTUCKY 18. Funeral director V: FRANCIS REESE Address NESTMINSTER, MD. 19. (Date rec's hy registrar) 19. (Registrar) Registrar)	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other



BINDING RESERVED FOR MARGIN

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (I-OME) OF DECEASED:
County Callette LL	(For newborn Infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State of Military State of County Downty Downty
How long in above place of death? 35	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
***************************************	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
My W Widowed	20. DATE OF DEATH June 28 19 43 at 57/15
6.(b) Name of husband or wife Believich I forther the state of the sta	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from
7. Birth date of	The state of the s
deceased (mo., day, yr.) March 12 - 1883	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Mys cardins (Chr)
60 3 /2hrsmin	Mishoiles (Clar) ?
8. 8irthplace Long (Town, county, and state)	Due to
10. Usual occupation Latitudes	Due to.
11. Industry or business	
12. Name	Dther conditions Route pastores 2 Ly
13. Birihplace MA. 14. Malden name Character Wildelich in Schale	(Include pregnancy within 3 months of death)
15. Birthplace Md.	Major findings of operations
Chair Control Il line at in-	
10. Illionality of the second	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Wishminster, Md. 194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (morth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory statement which the company of the company o	1 / mi
Location Washingmation of Trad-	Injured at home, farm, Industry, public place (where?)
18. Funeral director HBankand YSon	Means of Injury Injured at work?
Address Uf strainster, Mid.	V23 SIGNATURE IN C. Stamette mo,
19. Co Jacobson 18 41 Allesoftwa (Date receptor registrar) Registra	M. D. or other

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information care

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MARYLAND STATE DEPARTMENT OF HEALT

2411 N. Charlen St., Baltimore 134

3. (b) Social Security Number

CERTIFICATE OF DEATH

(For ne	RESIDENCE (HOME) OF DECEASED: wborn infants give residence of mother)	
ateM	aryland County	
ty or town	Baltimore (If outside city or town limits, write RURAL and give nearest town)	•••••
reet No	218 N. Bradford St.	
	(If rural, give LOCATION)	/

1. PLACE OF DEATH: County Carroll How long in above place of death? 1 yr 8 mo 1 day
Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanaterius Colored Branch, Henry ton, Maryla How long in hospital or institution?

3. (a) FULL NAME

male

JAMES LOUIS GROSS

6.(a) Single, married, widowed, or divorced

single

S.(b) Name of husband or wife.....

July 12, 1942 deceased (mo., day, yr.) 8. AGE: If less than one dayhrs.min.

Baltimore, Md.
(Town, county, and state)

5. Color or race

col.

10. Usual occupation.....

11. Industry or business

Leander
Lander
Unknown Leander Gross

14. Maiden name Hattle 1.

15. Birthplace Maryland 14. Maiden name Hattie Pressbury

16 Informant George Adams, M.D.

Henryton, Marvland

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE DE DEATH. June 12. 19 45 at 6:40

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 11, 43 June 12, and that last saw h im ailye on June 12,

DURATION Dec. 1942

(include pregnancy within 3 months of death)

Major findings of operations.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

2. VIOLENCE: if death was due to external causes, flit in the following: Where did injury occur?(City or town)

talured at home, farm, industry, public place (where?)

Means of Injury

Henryton, Md. Date signed 6-1



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

05935

		CERTIFICAT	TE OF DEATH Reg. Diat. No	74
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 1 year, 14 days			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore City (If outside city or town limits, write RURAL and give ne Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.	arest town)
3. (a) FULL NAM	E	Joseph . Hammer	3. (b) Social Security	Number
4. Sex male 6.(b) Name of husband	5. Color or race White Ella	6.(a) Single, married, wildowed, or divorced Widowed - Hamayey	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 20 21. I CERTIFY that death occurred on the date above stated; that I attended dece	eased from
7. Birth date of deceased (mo., day, 8. AGE: Year	yr.) October s Months	3 187 Days If less than one day // min.	February 14 18 45 to June 20 and that I last saw h im alive on June 20 Immediate cause of death. Coronary occlusion	
9. BirthplaceBaltimore, Mary land 10. Usual occupation 11. Industry or business 12. Baltimore, Mary land (Town, county, and state) (Effected Clerical 2. Statement Clerical 11. Industry or business			Due to	
12. Name			Other conditions Psychosis With cerebra arteriosclerosis (Include pregnancy within 3 months of death) Major findings of operations	4 yrs.
16. Informant Springfield State Hosp. records Address Sykesville, Maryland 17. Date thereof (month) (day) (year)			Antopsy results	statistically.
Cemetery or cremat Location	Talifail	med. It Inc.	Where did injury occur?	mo.
19. Wate rec'd hy re	egistrar) 18 4 5	Registrar	Address Sykesville, Maryland Date signed.	6-20-45



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

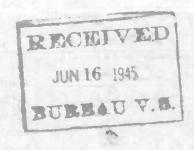
2411 N. Charles St., Baltimore 85-1

	. 05:	936
Reg. D	ist. No	70

CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mrs.Cora M. Hankey	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced F W married 6.(b) Name of husband or wife. William P. Hankey	MEDICAL CERTIFICATION 2D. DATE DF DEATH 22.50 A m 21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) August 26, 1878 8. AGE: Years Months Days It less than one day	and that I last saw h. I.A. alive on June 22 72 M. 1946 Immediate cause of death DURATION
9. Birthplace Md (Town, county, and state) 10. Usual occupation Housewife	Due to.
11. Industry or business Head	Other conditions Of June Schward Styre (Include pregnancy within 3 months of death) Major findings of operations
16. Informant William R. Hankey Address Taneytown, Md. R.D. 17. Burial Date thereof June 26, 1945 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory United Brethren	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Harney 18. Funeral director C. O. FUSS & SON Address Taneytown, Md. 19 June 25 19 45 Echel M. Mehrus. Registrar)	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work? 23. SIGNATURE M. D. or other Address. Young for M. D. at signed 2003 2144

JUN 28 1945
BURNAU V.K.

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH coler of deceased is shown 2411 N. Charles St., Baltimore 12.2.6 CERTIFICATE OF DEATH FILM No. G 9 6 JUN 23 1945 . The co 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County How long in above place of death vn limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: information caref (If rural, give LOCATION) How long in hospital or institution?..... 2.(a) It veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING 7. Birth date of deceased (mo., day, yr.) Supply 8. AGE: please Lue to concer cever. UNFADING INK. Physicians: 10. Usual occupation. 11. Industry or business WITH UNF 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden name. especially Autopsy results No autobaus PLAINLY PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereot Accident, suicide, or homicide..... (Burial, remation, or removal, Which?) (month) (day) (year) Where did injury occur?(City or town) PLEASE WRITE (County) Injured at home, farm, industry, public place (where?) injured at work? Means of injury 18. Funeral director Date rec'd by registrar Registrar



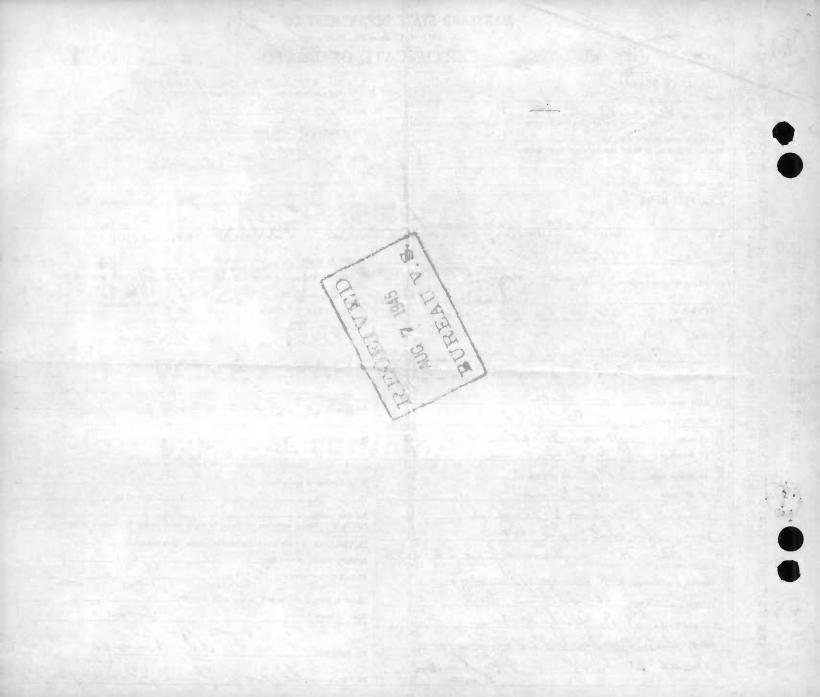
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

A	112	10001
T	Reg. Dist. N	9381.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Carroll	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Mayle County County
How long in above piace of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 900 Human
***************************************	(If fural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carrie Hanhanat	Home
4. Sex 5. Color or race 6.(a) Single, may led, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH June 19 1945 at 7.15 RM.
David Harlingt	21. I CERTIFY that death occurred oo the dale above stated; that I attended deceased from
6.(b) Name of husband or wife	6-10 1945 10 6-19-1941
7. Birth date of	and that I last saw h. L. alive on 6 - 18 - 19 4 1
deceased (ma, day, yr.) Hovember 22-1871	Immediate caose of death DURATION
8. AGE: Years Months Days If less than one day	arteris selevoros
73 5 28hrs. min.	
9. Stripplace West Virgina Marion Co.	Due to
(Town, odinty, and state)	995 10
10. Usual occupation. Aruseunfe	Due to.
11. Industry or business at Home	900 10
	Other conditions
12. Name Joseph Wellow 13. Birthplace West Grama	
	(Include pregnancy within 8 months of death)
14. Maiden name Not Known.	Major fiedings of operations
E 15. Birthplace Not Known.	Date of op.
16. Informant Praymond Harghwest	Antopsy results
Address Third Bulge Ond	PHYSICIAN: Please underline the caose to which death should be charged statistically.
20 1 1 00 1000	22. VIOLENCE: If death was due to external causes, fill in the following:
Bale thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 9th Ularan Caratany	Where did injury occur?
Location New Milleby gul	Injured at home, farm, industry, public place (where?)
18. Funeral director D. D. Hartylet In	Means of Injury Injured at work?
11. 20 1 a. M all 20 1	7117
Address them O Sender & Herr Munder Hill	23. SIGNATURE. M. D. or other
19. August 2 19.45 Recistrary	Address (See Deep Date stored 6 / 24 / V.



ormation carefully. The correct age death clearly and legibly.

information of death cle

causes

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (987)

3. (b) Social Security Number

None

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. U
County Carroll	
City or fown. Taney town (If outside city or town limits, write RURAL and give nearest town)	State.
How long in above place of death?	City o
Hospital, Institution, or street address where death occurred:	

SUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)

Carroll Maryland r town. Taneytown

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

3. (a) FULL NAME

How long in hospital or institution?.....

Male

6.(a) Single, married, widowed, or divorced

If less than one day

Date thereof....July 1, 1945. (month) (day) (year)

Elmer S. Hess

Widowed

6.(b) Name of husband or wife Lydia E. Hess

.6.(c) If alive, give ageyears 7. Birth date of

5. Color or race

White

deceased (mo., day, yr.) April 22. 1867 8. AGE:

78

9. Birthplace Carroll County, Md. (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

E 12. Name H. David Hess
13. Birthplace Carroll County, Md.

14. Maiden name Filen Shoemaker
15. Birthplace Frederick County, Md. 16 Informant Mr. Carroll Hess

Address Taneytown, Md.

17. Burial (Burial, cremation, or removal, Which?)

Cemetery or crematory Lutheran Cemetery Location Taneytown, Md.

18. Funeral director. C.O. Fuss & Son

Taneytown. Md. Address

(Date rec'd by registrar)

MEDICAL CERTIFICATION

June 29 19 45 at 4:55a m 2D. DATE OF DEATH..... 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

. 140 to June 27 Oct. 27 and that I last saw h. 1m. alive on June 27

2 days Cerebral Hemorrhage Que to Arteriosclerosis and hypertension

5 yrs. Other conditions Chronic myocarditis

(Include pregnancy within 3 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did injury occur?(City or town)

Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury

(County)

6.30.45 Address Taneytown, Md. Date signed

A15

RESERVED

MARGIN



4593!

2411 N. Charles St., Baltimore 136

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
Henryton	State Maryland County Dorchester		
City or town. Henryton. (If ontside city or town timits, write RURAL and give nearest town) How long in above place of death? 13 days	Hurlock		
How long in above place of death? 13 days	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No. Pickle House Shacks		
Colored Branch, Henryton, Maryland.	(If rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Security Number		
WILLIE HILL	225-09-48 6 0		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored single	20. DATE OF DEATH June 7, 19 45 6.15P		
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from May 25 1s. 45 June 7 19 45 and that I last saw h im alive on June 7, 19 45		
7. 8 of the date of	and that I last saw h im alive on June 7, 19 45		
deceased (mo., day, yr.) Aug., 6, 1907	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis Dec.		
37 10 1hrsmln.	1944		
9. Birthplace Roper, N. C. (Town, county, and state)	Due to.		
10. Usual occupation. Laborer			
IInknown	Due to		
11. Industry or business			
E 12. name	Diher conditions		
13. Birthplace Franklin, va.	(thelude pregnancy within 3 months of death)		
14. Maiden name Minnie Hudson 15. Birthplace North Carolina	Major fiadings of operations		
15. Birthplace North Carolina	Date of op.		
16. informant C. D. Lee, M. D.	Autopsy results.		
Honneston MA	PHYSICIAN: Please nuderline the cause to which death should he charged statistically.		
1/1/1/1/	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (yeer)	Accident, suicide, or homicide		
Cemetery or crematory to man to of medical School Mos	Where did Injury occur?		
Cemetery of Crematory (Care Special Control of Control	Injured at home, farm, Industry, public place (where?)		
Location Javungane			
18. Funeral director Men Samuel & Herneley	Means of Injury Injured at work?		
Address 578 St. Biddle St	or CIGNATURE (A Lee M. K)		
18 6/7 10 45 albert R. Swarfle	23. SIGNATURE M. D. or other 6/7/45		
(Date rec'd by registrar) Deputy Local Registrar	Hanryton, Md. Date signed 6/7/45		

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The control is especially important. Physicians: please write the causes of death clearly and legibly.

rect age

VS A15

PLEASE



Evidence for change of MARYLAND STATE DEPARTMENT OF HEALTI age is shown on 2411 N. Charles St., Baltimore 87-CERTIFICATE OF DEATH FILM NO. G 95 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: County LKY (For newborn infants give residence of mother) outside city or town limits, write RURAL and give nearest town information carefully of death clearly and City or town. (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rurul, give LOCATION) How long in hospital or inctitution?..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i FOR BINDING 19.45 21.6 2D. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from .6.(c) If alive, give age and that I last saw ho . . alive on .. 7. Birth date of 19.4 deceased (mo., day, yr.) DURATION Immediate cause of death Days 8. AGE: RESERVED 58 ADING INK. (Town, county, and state) 1D. Usual occupation. MARGIN 11. Industry or business 12. Name WITH UNF! 13. Bifthplace peluda pregnancy within 3 months of death) 14. Malden nai 14. Malden name Major findings of operations. PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Date Ihereof. Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Meens of Injury NS Harryaleur (Dute rec'd by registrar)



PLEASE

VS A15

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	cer.
/	PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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Ö	f in
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FO	y e
ED	appl se
RV	Si
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Battimore 93-0

CERTIFICATE OF DEATH

05942

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town	State Mathemany County Controlle
City or town(Houtside city or town limits, write RURAL and give nearest town)	and the Secritta
How long In above place of death?	(if outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alice Virginia Ven	rkins
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
a. W. Widowed	20. DATE OF DEATH 200 2 2 19 14 5, at 1:30 A.M
6.(b) Name of husband or wife Church & Jenkins	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	" bre " the bree a color
7. Birth date of	and that I last saw h allive on fund 2 / 19 44
deceased (mo., day, yr.) 8. AGE: Years Months Days tiles than one day	Immediate cause of Jach. DURATION
78 // 24nrsmin	Carlos Farentas
m /	- Autice
9. Birthplace (Town, county, and state)	. Due to
10. Usual occupation Administration	
11. Industry or business	Oue to
# 12. Name Lames Easton	Other conditions
12. Name Canalas Casalosas 13. Birthplace	
# 14. Maiden name Sarah Shipley	(Include pregnancy within 3 months of death)
15. Birthplace	Major findings of operations.
	— Date of op.
18. informant Mus Bertha Carles	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Aghlavelle, Mel.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory. Education Community (Casy) (year)	Where did injury occur?
	(City or town) (County) (State)
Location belief to the finish of the control of the latest the control of the con	Means of Injury Injured at work?
18. Funeral director La Harry Wille	IAA A
Address Agkessille, M.S.	- ON MANAGE / NO BARROW MICH
19. June 23 19 H5 C. Harry Weer	23. SIGNATURE M. D. officer
(Dato rec'd by registrar) Registrar	Address Sylvanille Montaigned 123/6/5



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

M. D. or other

mx Date signed 0 -30-75

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County. Carroll City or town. Sykes ville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 4 yrs., 3 mos., 11 days Hospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 4 yrs., 3 mos., 11 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 2132 Hollins St. (If rural, give LOCATION)
3.(a) FULL NAME Edward Percy Jones	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH June 30 19.45 at 707 A
8.(b) Name of husband or wife. Ella Jones 6.(c) If alive, give age. Unknown deceased (mo., day, yr.) September 7, 1870	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day 74 9 23	Pulmman Internal 2 y.
10. Usual occupation Watchman 11. Industry or business ? 12. Name Richard Jones 13. Birthplace Anne Arundel Co., Md.	Other conditions Manie Represent Styles 5 yrs.
14. Malden name Elizabeth Owens 15. Birthplace Anne Arundel Co., Md. 16. Informant Hospital Records	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director The Lecture Address Morth, & Pa. River,	Means of Injury Injured at work?

Registrar

VS A15

PLE

Date rec'd by registrar)

RITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1930

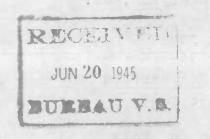
05944

CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH: County Carroll City or town Henryton,				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery		

(1	f outside city or town	Mmits, write R	URAL and give nearest town)	Rockwille		
How long in above piz	or street address wher	e death occurred	•	City or town (If outside city or town limits, Route #3.	write RURAL and give n	earest town)
Marylan	d Tubercu	llosis	Sanatorium	Sireet No. ROUGE #5.		
Colored Branch, Henryton, Md.				2.(a) If veteran, name war		·····
3. (a) FULL NA			*		3. (b) Social Security	y Number
	MARII	E JONES	3			
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
female	colore	ed ma	arried	2D. DATE DE DEATH June 17,	19 45	.10.45A
6.(b) Name of husbar	nd or wifeRobe	ert Jo	nes	21. I CERTIFY that death occurred on the date above May 17.	stated; that I attended dec	reased from
7. Birth date of) If alive, give ageyear	May 17, s and that I last saw h. er alive on Ju	ne 17,	19 45
deceased (mo., da)		ch 19,				
8. AGE: Yes		Oays	If less than one day	Pulmonary Tuberc	ulosis	
2	2 2	29	hrs min			1944
9. Birthplace	Rockvil	le, Md		Due to		***
			tate)			
		······································		Due to		
11. Industry or busin		2mith				
El				Other conditions		
≦ 13. Birthplace	Avery, l			(Include pregnancy within 3 me	onths of death)	
14. Maiden nam 15. Birthplace	Bertha		<u>n</u>	Major findings of operations		
15. Birthplace	Rockvil.	le, Md	•	Misjet Baumas of Operations.		
16. Informant	CANTO	G. Ada	ns, M. D.	Antopsy results		
Address	Henryton	n. Md.		PHYSICIAN: Please nuderline the cause to which	ch death should be charged	d statistically.
12.	0		20 1945	22. VIOLENCE: If death was due to external cause		
(Burial, cremati	on, or removal. Which	Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or erem	Hory Corbs	eak 2	my Country	Where did injury occur?(City or town)	(County)	(State)
Location 23	onto	ner	Lo met	Injured at home, farm, Industry, public place (whe		
18. Funeral director	Roup 1	MBa	he	Means of Injury	Injured at work?	
	-77	.//		LJ.	4/	0
Address	Litras	MA	ind	23. SIGNATURE Levise	-d. Cle	Lam
19. (Date rec'd by	19 45	alkere	Swarkhan	Honnyton Md	м. D	or other 6/17/45
(Date rec'd by	registrar)	Depu	ty Local Registrat	Address 116111 y CO11 , 1VIQ 4	Date signed	0/11/10



05945

CERTIFICATE OF DEATH

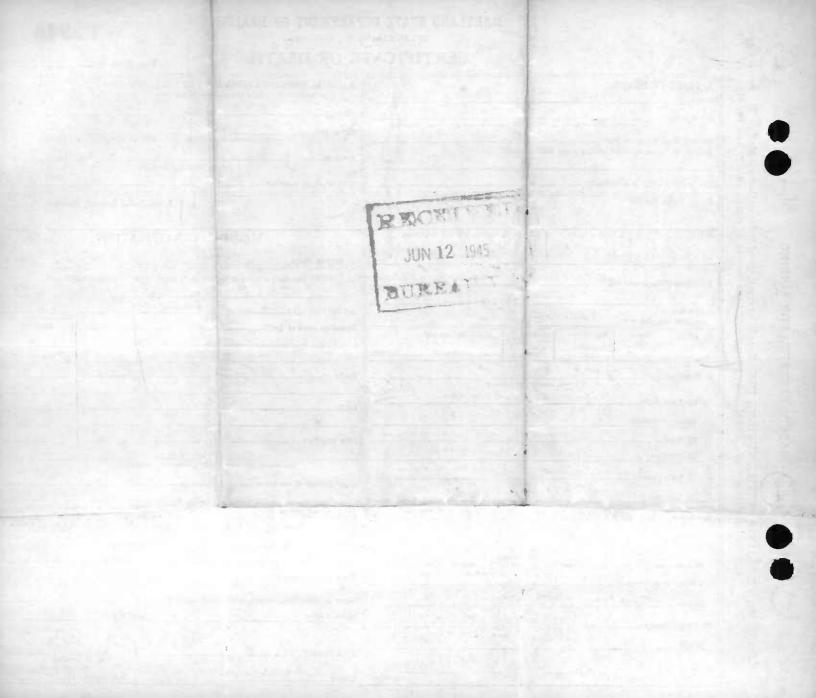
2411 N. Charl	les St., Baltimore 13.7		
CERTIFICAT	FE OF DEATH Reg. Dist. No. 74		
1. PLACE OF DEATH: County County Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr. 6 mo's, 25 days Hospital, institution, of street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland. How long in hospital or institution?	Street No. 1428 Riggs Avenue		
3. (a) FULL NAME	3. (b) Social Security Number		
CHARLES DAVENPORT JOYNER	218-10-0863		
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored married	20. DATE DF DEATH June 14, 19 45, at 2.30P		
6.(b) Name of husband or wife Frances Joyner 6.(c) If allve, give age 40 years deceased (mo., day, yr.) April 14, 1903	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 19, 19 43 to June 14, 19 45 and that I last saw h im alive on June 14, 19 45		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
42 2 0hrsmin.	1943		
9. Birthplace Baltimore, Md. (Town, county, and state) Laborer 10. Usual occupation.	Due to		
11. Industry or business			
12. Name Alvey Joyner Language Unknown	Other conditions		
14. Maiden name Minnie Warfield	(Include pregnsncy within 3 months of death)		
14. Malden name Reltimore Md	Major findings of operations.		
14. Malden name Minnie Warfield 15. Birthplace Baltimore-Md.	Date of op.		
16. Informant C. D. Lee, M. D.	Autopsy results		
Address Henryton, Md.	22, VIOLENCE: If death was due to external causes, till in the following;		
(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide		
	Where did injury occur?		
Cemetery or crematory	(City or town) (Connty) (State)		
Location Callo Co	Injured at nome, tarm, industry, public place (wheret) Mesns of Injury Injured at work?		
18. Funeral director Manager Service Address 163/ Brand Hill Cut	Copleo M&		
19. 6/14/45 (Date ree'd by registrar) 19. Deputy Local Registrar	23. SIGNATURE M. D. or other Address Henryton, M. D. or other 6/14/45		

VS A15

MARGIN RESERVED FOR BINDING



2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION that death occurred on the date above stated; that I attended deceased from (Include pregnancy within 3 months of death) PHYSICIAN: Please noderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... (County) lured at work?



2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

Reg.	Diat.	No.
		05347

	Reg. Diat. No.
7. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	marine 1 Dece 11
(If outside city or town limits, write RURAL and give nearest town)	10
Now long to share stone of doubt? 3 4/4/	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	0 / 0 /
Redde Road	Street No. (If rural, give LOCATION)
Now long in hospital or institution?	
	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Edward Regun	none,
4. Ses S. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. W. widowed	0-1-10 9 11 10116
1 ///	20. DATE DF DEATH
B.(b) Name of husband or wite Maller Waller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6 (e) If allward are	March 2 1845 to me 8 1945
7. Birth date of Control of Contr	and that I last saw h. sa. a. alive on
deceased (mo., day, yr.) UCA, 8, 18/3	Immediate cause of death
8. AGE: Years Months Bays It less than one day	
69 8 0min.	C - a haranan a a a a a
Battanos md.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Retries Chief Clerk of	
11. Industry or business Consideration Coal Co.	Due to
12. Name Bennard Cegles 13. Birthplacs Jell	Dther conditions
	(Include pregnancy within 8 months of death)
14. Malden name Elizabetethe Laurefiles.	(Include pregnancy within 8 months of death)
O >	Major findings of operations.
15: Birthplace Germany	
18. Informant Drain and Carried 2: Klasher	Autopsy results
0,0,111	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Redge Road Westminster Md.	22. VIOLENCE: It death was due to esternal causes, fill in the following:
(Burlisl, cremation, or removal, Which?) Bate thereot (month) (day) (year)	Accident, suicide, or homicide
4 1 1) 1	
Cemetery or crematory & auditors Parts	Where did injury occur? (City or town) (County) (State)
Location Bullimore md.	Injured at home, tarm, industry, public place (where?)
0 (2)	Means of Injury Injured at work?
18. Funeral director	001.00
Address westmenter my	9 Koosalin & Beus 4 10
6/8/45 np. 7-10	23. SIGNATURE
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	the contraction was later a
(Legistrar)	Address Date signed Date signed

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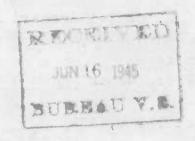
2411 N. Charles St., Baltimore 33-0

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or town rural near Flint Hill (If outside city or town limits, write RURAL and give nearest town) Street No
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white	2D. DATE OF DEATH. June 13 19.45 4:40p. N
6.(b) Name of husband or wife. Flora Soper 6.(c) If allve, give ageyears 7. Birih date of deceased (mo., day, yr.) October 8, 1879	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from May 1 19. 43 to June 13 19. 45 and that I last saw h im alive on June 13 19. 45
8. AGE: Years Months Days If less than one day	Chronic myocarditis and myo-
65 8 5min.	cardial degeneration 4 mo.
9. Birthplace Flint Hill, Frederick Co., Md. (Town, county, and state) 1D. Usual occupation farmer 11. Industry or business agriculture	Due to
12. Name Ben. F. Lenhart 13. Birthplace Frederick County, Maryland	Diher conditions Post-traumatic person- ality disorder 15 yrs.
14. Maiden name Naggie Purdy 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Springfield State Hosp. records Address Sykesville, Maryland 17. Date thereof (month) (day) (year) Cemetery or crematory (which?) Location (January Control of	Autopsy results
19. Mally M. Date rec'd by registrar) (Date rec'd by registrar) Registrar	Springfield State Hospital M. D. Artther Address Sykesville, Maryland Date signed 6-13-45

VS A15

PLEASE WRITE

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2411 N. Charles St., Baltimore 95.0

CERTIFICATE OF DEATH

Reg. Dist. No.

3. (b) Social Security Number

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information carefully. The of death clearly and legibly.

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Supply lease wri

'ADING INK.
Physicians: I

important.

1. PLACE OF DEATH: County Oarr

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 80 une Hospijal, Institution, or street address where death occurred:

How long in hospital or institution?.

3. (a) FULL NAME 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex

Widowed

7. Birth date of 865 deceased (mo., day, yr.)

If less than one day 8. AGE:

(Town, county, and state) 10. Usual occupation.

11. Industry or business

(Date ree d by registrar)

12. Name... 13. Birthpiace

(month) (day) (year)

Registr

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

(If rural, give LOCATION)

MEDICAL CERTIFICATION

21. I CERTIFY that reath occurred on the dale above stated; that I attended deceased from

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, flil in the following:

Accident, suicide, or homicide.....

Where did injury occur?(City or town) Injured at home, farm, industry, public place (where?)

Injured at work? " Means of lolury

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CERTIFICATE OF DEATH

	2411 N. Charles	St., Baltimore 126	()	5950
	CERTIFICAT	E OF DEATH	Reg. Dist.	No. 24
1. PLACE OF DEATH: County		Street No	town limits, write RURAL and	
How long in hospital or institution?	ml 290	2.(a) If veteran, name war		Y
3. (a) FUEL NAME	Rose	Hatey	3. (b) Social Se	ecurity Number
Sex 5. Color or race 6.(a) Single, marrie	ed, widowed, or divorced	/ //	ICAL CERTIFICATION	95 2 2 2 C
7. Birth date of deceased (mo., day, y.) 8. AGE: Years Months Days It le	ess than one day hrs. min.	Due to Conditions Other conditions (Include pregnant Major findings of operations Autopsy Conditions)	cause to plich death should be	DURATI DURATI DURATI DURATI DURATI
(Burial, cremation, or removal. Which?)	(month) (day) (year)	22. VIOLENCE: If death was due to Accident, suicide, or homicide	Date	
Location Address Hos Address Hos Address Hos Address	e, dre	Injured at home, farm, Industry, pub Maens of Injury		91 LO.
19. (Date rec'd by registrar)	Registrar	Address Fy Bes	salle had Date	M. D. or other



2411 N. Charles St., Baltimore 97

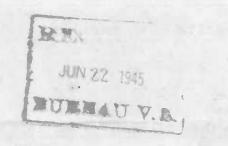
05951

1			CERTIFICA	IE OF DEATH Reg. Dist. No	117	
How long in above plac Hospital, institution, o	Carral near Soutside city or town le of death? 2 yr refree address where gfield Stor institution?	byke sv limits, write r., 8 death occurre tate H	RURAL and give nearest town) MO., 28 days d: Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
			nuel Meisel			
4. Sex male	5. Color or race White	6.(a)Sing	le, married, widowed, or divorced married	MEDICAL CERTIFICATION 20, DATE OF DEATH June 20 19, 45	6:0la	
6.(b) Name of husband			4.	21. I CERTIFY that death occurred on the date above stated; that I etlended de May 1 19.43 to June 2		
7. Birth date of deceased (mo., day.		1877	c) If alive, give ageyears	and that I last saw h im alive on June 19		
8. AGE: Year		Days	If less than one day	Arteriosclerosis, prior to	ouration 1942	
10. Usual occupation	Farmer s Agricul hn Meisel	lture	Germany Germany Germany	Oue to	3 yrs.	
Address Syk		Mary 1		Autopsy results	*************************	
Cemetery or crematic Location	Darto Millia 1 St. 72	1	eof June 25, 1943 (month) (day) (year) Para June A Ballo 24 Registrar Registrar	Where did injury occur?	(State)	

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (59) CERTIFICATE OF DEATH 1. PLACE-OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: . The collegibly. (For newborn infants giva residence of mother) How long in above place of death?..... Hospital, Institution, or street address where death occurred: clearly (If rural, give LOCATION) information of death cle How long in hospital or institution?. 2.(a) If veteran name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4 Sex A. Cojor or race MEDICAL CERTIFICATION BINDING 2D DATE DE DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from B.(b) Name of husband or wife..... FOR 7. Right date of deceased (mo., day, yr.) DURATION Days If less than one day 8. AGE: Years Months MARGIN RESERVED 1D. Usual occupation. 11. Industry or business 12. Name...... 12. Name..... WITH UNF important. (Include pregnancy within 3 months of death) 14. Malden na 15. Birthplace 14. Malden name. Major findings of operations..... PLAINLY, V 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (City or town) Cemetery or crematory (County) Injured at home, farm, industry, public place (where?) Injured at work? Means of Injury 19. Funeral director... Address Date rec'd by registrar) Registrar



2411 N. Charles St., Baltimore (1947) CERTIFICATE OF DEATH 1. PLACE OF DEATH: information carefully. The b County area

Dave

Date thereof.

3. (a) FULL NAME

5. Color or race

4. Sex

7. Rirth date of deceased (mo., day

10. Usual occupation. 11. Industry or business

13. Dirthplace

Cemetery or crematory

Address

8. AGE:

causes item of

important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number

MEDICAL CERTIFICATION

that leath occurred on the date above stated: that Lattended deceased from

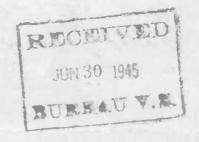
DURATION

PHYSICIAN: Please underline the cause to which death should be charged statistically.

(Include pregnancy within 3 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, euicide, or homicide,.... (City or town)

Injured at home, farm, Industry, public place (where?) Means of Injury



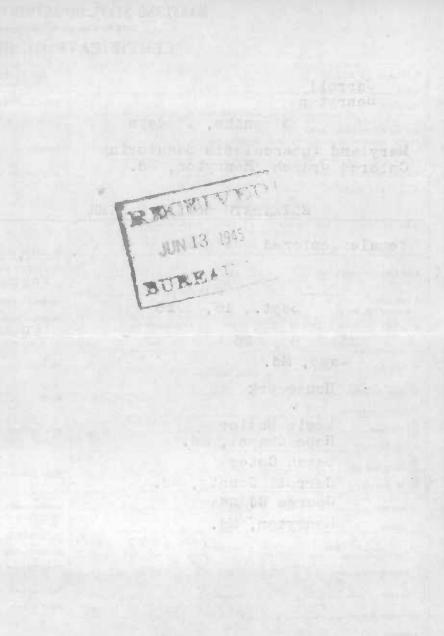
2411 N. Charles St., Baltimore 182

CERTIFICATE OF DEATH

2411 N. Char	les St., Baltimore		
CERTIFICA	TE OF DEATH	Reg. Dist. No. 74	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate		
3.(a) FULL NAME ELIZABETH BUTLER PARKER		3.(b) Social Security Number 219-12-4558	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced female colored Widow		ERTIFICATION 19 45 at 2.40A	
6.(b) Hame of husband or wife	and that I last saw her solive on Ju	45 to June 10, 19 45 ne 10, 1945	
8. AGE: Years Months Days If less than one day 26 8 26 hrsmin.		culosis Nov.	
9. Birthplace	Due to		
12. Name Lewis Butler 13. Birthplace Hope Chapel, Md.	Dther conditions		
14. Maiden name Sarah Cotes 15. Birthplace Carroll County, Md.	Major findings of operations		
16. Informant George G: Adams Address Henryton, Md.			
17. Bundl Dale thereof MM 12 1949 (Burial, cremation, or removal, Which?) Cemetery or crematory 1000 Cemetery 1000	Where did injury occur?(City or town)	Date of	
18. Funeral director	Meens of Injury 23. SIGNATURE	Injured at work? MD. or other	
19. 6/10 (Date rec'd by registrar) 19. Deputy Local Registrar	Address Henryton, Md	Date signed 6/10/4	

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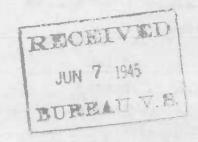
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CEDTICICATE OF DEATH

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			CERTIFICAT	LE OF DEATH	Reg. Dist. No	
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	mother)	
City or town Rural Taney Lown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:			URAL and give nearest town)	State Maryland county Carroll City or town Rural - Taneytown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
			l:			
How long in hospital or	Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM	Ida M. H	leaver			3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	White	M	arried	20. DATE OF DEATH June 3rd	19.45	, at 6 P. M
			Reaver	21. I CERTIFY that death occurred on the date abo	1 , to June 3r	d 145
7. Birth date of		Б.(c) If alive, give ageyears	and that I last saw ICTalive on June	a 3rd	19. 4.5
deceased (mo., day, y	r.) Apr		865	Immediate cause of death	***************************************	DURATION
8. AGE: Years	Months 1	Days 23	If less than one dayhrsmin.	Diabetes mellitus		7yrs.
9. Birthplace Maryland (Town, county, and state)			itate)	Due to		
		ork		Due to		
11. Industry or busines						***************************************
置 t2. Name Eph:	riamDH	255		Dther conditions		
t2. NameEph:	Maryland			(Include pregnancy within 3 r	months of death)	
置 t4. Maiden name	Hannah J	McGui	gan	Major findings of operations		***************************************
t4. Maiden name	Maryland					
t6. Informant Erv.	in Reaver			Autopsy results	hich death should be charged	statistically.
Address Tan	eytown, Md			22. VIOLENCE: If death was due to external cau		
17. Burial (Burlal, cremation	, or removal. Which	Date ther	eof6-45	Accident, suicide, or homicide		
Cemetery or cremato	y Luthera	Cemet	ery	Where did injury occur?(City or town)	(County)	(State)
Location Tane.	ytown, Md	9		Injured at home, farm, industry, public place (w		
18. Funeral director C	.O.Fuss &	Sob		Meana of Injury	Injured at work?	
Address Tane	ytown, Md	• ~ //	1000	23. SIGNATURE Skancis	J. Oslio	G.M. 3
19 June 6	7 19 45 gistrar)	- Toh	le M Mehruf	Address Taney town, Maryl		or other 6/4/145



CERTIFICATE OF DEATH

459566

CERTITION	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carrol/:-	
City or town	State Maxy and County Car The
	City or tows. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
military Home for agal	Street No. Ch. 4 x ch 9 Maiss St.
7	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lexh Lowice Ko	sien
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow.	MEDICAL CERTIFICATION
remare while widow.	20. DATE OF DEATH
8.(b) Mame of husband or wife 4 2 4 7 0 W 7.	21. I CERTAY that death occurred on he date above stated; that Atleoded deceased from
	1945 to June 17 19 45
7. Birth date of	and that I last saw h allive on a live of the last saw h
deceased (mo., day, yr.) November 20, 1864.	Immediate cause ut death Clickery BURATION
8. AGE: Years Months Days If less than one day	Thromudois 10 dys
75 6 27	
By Itima C. NII	Teller Cities - 2, 420
8. Birthplace DX Timore Co. (Town, county, and state)	Oue to.
10. Usual occupation Italise with	
	Oue to.
11. industry or business	
12. Name Thomas A Downs.	Other conditions
₹ 13. Birthplace	
14. Malden name MYS SYSJM NBhS haver	(Include pregnancy within 8 months of death)
14. Malden name Mr. 5. Susannah Shaver	Major findings uf uperatiuns
≥ 15. Birthelace	Oate of op.
16. Informant Hethoetres Church Home	Autopsy results
All to be part	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Westminster, Ma.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
1/2 . 1/2 . 1/2 - +	
Cemetery or erematory New / AY Ket	Where did injury occur?
Location // d in e Dal to Jon // d.	Injured at home, farm, industry, public place (where?)
18. Funeral director Lacol Har Lenstein	Means of Injury Injured at work?
ON FIRE (D)	916/1
Address Mew Alledows, Ja.	23. SIGNATURE TUNETURE
e/17 . Kr Helusadan	M. D. or other
19	Address / Palmuster Oate signed 6/17/4/5

ARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH LINFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15







ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNI is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()5957 7 V Reg. Dist. No.

					•	
1. PLACE OF DEA	Ca	rroll		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
countyrural near Sykesyille				Siate Mary land County		
City or town rural near Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 yr., 1 mo., 13 days				Politimone City		
How long in chave place of death? 2 yr., 1 mo., 13 days				City or town DAILLI MOTE CILLY (If outside city or town limits, write RURAL and give near	est town)	
Hospital, Institution, or	street address where	death occurre	d:			
Spri	ngfield	State	Hospital	Street No. (If rural, give LOCATION)	/	
How long in hospital or	institution? 2 y	r., 1	mo., 13 days	2.(a) If veteran, name war	<u>/</u>	
3. (a) FULL NAME						
3. (a) FOLL NAME		750	aming W Dother	3. (b) Social Security N	lumber	
			urice W. Rother			
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white	A.	married	2D. DATE DF DEATH June 10 19 45	12:55p	
		ude/W	iscott Rother	21. I CERTIFY that death occurred on the date above stated; that I attended decear July 15 1843 to June 10	sed from	
			c) If alive, give ageyears	and that I last saw him alive on June 10	1045	
7. Birth date of deceased (mo., day, y	, January	6, 1	883	The state of the s	DURATION	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	4 days	
62	5	4	hrsmin.	OCICDIAL OHIOMODELD	2 445 0	
s. Birthplace. Che	ster, Pe	nnsyl	vania	Bue to Arteriosclerosis	13 yrs	
1D. Usual occupation	Machinis	t (Re	tired	Due to.		
11. Industry or business	-			Due 10	***************************************	
		r		Diher conditions Psychosis with cerebral		
12. Name Hen		**************************************	Germany	srteriosolerosis	6 yrs.	
E 13. Birinpiace	Vothonim	- N-C		(Include pregnancy within 3 months of death)	3220	
14. Malden name 15. Birthplace	Katherin	le MCG	Tem	Major findings of operations		
E 15. Birtholace			Ireland	Major indings of operations		
	noficia	State				
			Hosp. records	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Syke	sville,	Mary I	and			
Bu:	rial	Data tha	6/13/45	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Buriai, cremation,	or removal. Which?) Date the	eof	Accident, suicide, or homicide		
Cemetery or cremator	, Immar	mel Ce	m.	Where did injury occur?(City or town) (County)	(State)	
Location	Balto	., Md.		Injured at home, farm, Industry, public place (where?)		
		CAMED	& CONC	Means of injury Injured at work?		
1B. Funeral director			& SUNS	Robert Bertrand May, M.D.	0 -	
Address	Balto., N	ld.	9 11	Golo & Bo Trand May	mo.	
6/11	115	- 4	to. Heave	Saninefield State Hacnitelm. D. O.	rother	
(Date rec's hy res	ristrar)		Registrar	Addres Sykesville, Maryland Date signed 6	-10-45	

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or towe limits, write RURAL and give nearest towe) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from (Include pregnancy within 8 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing;

(Connty)

injured at home, farm, industry, public place (where?)

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2411 N. Charles St., Baltimore /3-8)

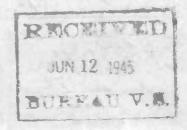
		211
eg.	Dist.	No

			CERTIFICAT	TE OF DEATH Reg. Dist. No.		
1. PLACE OF DEA County Carro City or town S	11	e	URAL and give nearest town)	Street No. 363 Evesham Avenue (If rural, give LOCATION)		
How long in above place o Hospital, Institution, or s Springfi	treet address where deld Sta	eath occurred te Ho	spital			
3. (a) FULL NAME		rs	TO mos., 20 da	3. (b) Social Security Number		
Ruth Sc.	5. Color or race	I C (a) Sinal	e, married, widowed, or divorced			
Female	White		ngle	MEDICAL CERTIFICATION 20. DATE DF DEATH June 1, 1945 19 2:20a		
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.		6.(e) if alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 19.4.5. and that I last saw h.e.2. alive on June 1.5.		
8. AGE: Years 47	Months	Days	If less than one dayhrsmin.	Immediate cause of death Culmonary Tubuculosis 6 y		
1D. Usuat occupation	Telephon		rator	Due to		
13. Birthplace Wa	shingtor	, D.		Diher conditions Densemble Gage cox — 1.1 yr Kalakonic Tylr (Include pregnancy within 3 months of death)		
14. Maiden name	Annie E.	, Md	•	Major findings of operations		
16. Informant Records of Springfield State Address Hospital, Sykesville, Md. 17. (Burial, cremation, or removal, Which) Cemetery or crematory. (Michael) Cemetery or crematory. (Michael)				Autopsy results		
				22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Ba	268.3	ud.	Y	tnjured at home, farm, Industry, public place (where?)		
18. Funeral director.	Sillian	ul-	St.	Meens of Injury injured at work? Edward 7 Kerman		
19. Dats rec'd by regi	19 H S	- C	Grany Weel	23. SIGNATURE Sykesville, Md. Address M. D. or other 6/1/45		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY





VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn figants give residence of mother)
County Association of the County Association	State Md County Davidle
(If outside city or town limits, write RURAL and give nearest town)	City or town / Wral Wlambral DE.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Streel No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME & M	3. (b) Social Security Number
Mrs Mary Ollen Shaw	une
4. Sek 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
I w wydow	20. DATE OF DEATH. 1945, 217, 60 M M
6,(b) Name of husband or wite was a Shaw	21. I CERTIFY that death occurred on the date above stated; that altended deceased from
	1990
7. Birth date of deceased (mo., day, yr.) April 22, 1864	and that I last saw h
8. AGE: Years Months Days If less than one day	Jewely Orlers seleves
%hrsmln.	
9. Birthplace	Oue to
(Town, county, and atate)	
10. Usual occupation	Oue to
11. Industry or bysiness	
12. Name 1000 A Smill and 13. Birthplace A multiplace A m	Other conditions
E managed & Rowe	(Include pregnancy within 3 months of death)
14. Maldeo named Manyant 60. Kowe 15. Birthplage	Major findings of operations.
2 15. Biringiage	
16. Informant.	Autopsy results
Address . When I budge of the	22. VIOLENCE: If death was due to external causes, fill in the following;
17(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. MUTUALLAS	Where did injury occur?
Location Umphitum me	Injured al home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address I amentary me	Chamber The second
AUTOSS L PC O.	23. SIGNATURE M. D. or other
19. (Oaté rec'dhy registrar)	Address Wexhweste No Date signed 69/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9500

CERTIFICATE OF DEATH

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Par Dist No	0

1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Carroll
City or town	City or town (If butside city nr town limits, write RURAL and give nearest town) Streel No
Now long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME Home M. B. Shen	3. (b) Social Security Number Nove
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Surale white	MEDICAL CERTIFICATION 20, DATE OF DEATH 21, DATE OF DEATH 22, DATE OF DEATH 23, DATE OF DEATH 24, DATE OF DEATH 25, DATE OF DEATH 26, DATE OF DEATH 27, DATE OF DEATH 28, DATE OF DEATH 29, DATE OF DEATH 20, DATE OF DEATH 21, DATE OF DEATH 22, DATE OF DEATH 23, DATE OF DEATH 24, DATE OF DEATH 25, DATE OF DEATH 26, DATE OF DEATH 26, DATE OF DEATH 26, DATE OF DEATH 27, DATE
8.(c) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death Remorrhoge 8 days.
9. Birthplace	Due to Certerio Ellestie Cartes -
10. Usual occupation.	Due to
# 12 Name Blandinanan Janans	Other conditions
13. Birthplace guarding 14. Malden same way and helder bare 15. Birthplace way land	(Include pregnancy within 3 months of death) Major findings of operations.
	Date of op.
Address I I I I I I I I I I I I I I I I I I	Antopsy results
17. (Burial, cremation, ar removed. Which?) Date thereot (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill to the tollowing: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City nr town) (Connty) (State)
Location View Windson Sud	Injured al home, tamp, Industry, public place (where?)
18. Funeral director. Al al Hauffer The Total To	Means of tojury tnjured at work?
brokerou Bridge & Hein almoson My	23. SIGNATURE QUILLY / M. D. nr other
19. Date red by registrar) Registrar	Address Westweeter Mr Dale signed 6/8/45



2411 N. Charles St., Baltimore 93.1

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			CERTIFICA	TE OF DEATH	Reg. Dist. No	
How long in above place Hospital, Institution, or	Linwood Liside city or town li of death? Lif street address where	edeath occurre		Street No		
			Spielman, Sr.		213-24-80	17
4. Sex Male	5. Color or race White	1	e, married, widowed, or divorced arried	MEDICAL 20. DATE OF DEATH	CERTIFICATION	3 c
7. Sirth date of deceased (mo., day, yr 8. AGE: Years			74 If alive, give ageye 74 If less than one day hrsm	Immediate cause of death	Januar 1 3	DURATION
1D. Usual occupation 11. Industry or business 12. NameHex	Cappente nry Spielm Ger	en many	unty, Maryland	Due to	n 3 months of death)	
15. Birthplace	Ger	many		major paunge or operations		
Address Liny 17. Burial (Burial, cremation, Cemetery or cremator LocationNr	or removal. Which? winter! Linwood, M	Date their	reof June 16, 1945 (month) (day) (year)	Antopsy results	o which death should be charged il causes, fill in the following; Date of	ed statistically.
Address Tane	C.O.Fuss & eytown, Md.		angant R. Engla	23. SIGNATURE 2 2 SI L	O M. I	D, or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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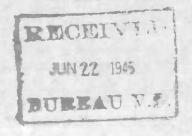


MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

115.	161	71
Reg. Diat.	No.	·//

1. PLACE OF DEATH: County City or town (If outside city by town limits, write RURAL and give not the long in above place of death? How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME 4. Sex. 5. Color or race 6. (a) Single, married, widowed, or the long in t	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town
Hospital, locitution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
Comma X	race Staule 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, of the sex	MEDICAL CERTIFICATION 20. DATE OF DEATH. A. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.)	years and that I last saw h. M. alive on June 20 To 1945
8. AGE: Years Months Days If less than one	Immediate cause of death DURATION GRAND GOLDEN
9. Birthplace (Town, county, and atate)	nd. Due to.
10. Usual occupation	Due to
E 12. Name Clarifton Stare	la Other conditions Whorpmy longe 2 walso
三 13. Birthpiace Theories い。	(Include pregnancy within 8 months of death)
14. Maiden name Carrolf Co. 7	Major findings of operations
16. Interment Clayton Star	Autupsy results
Address Larneytone, mo	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burial Date thereof Tune	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (Cemetery or crematery (month) (day) (year) Recident, suicide, or homicide
Location Sameston 122	(City or town) (Connty) (State)
S. M. Ting	Heans of Injury Injured at work?
Address Tullstonen 1 PA	RYOPA SIGNATURE C.M. Berner M&
18 une 21. 18 45 The M. (Date rec'd by registrar)	Mefang Registyar Address Sandy Ton Md Date signed June 2/25/94



.Date signed.

carefully. The

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2411 N. Charles St., Baltimore

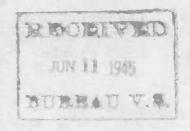
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Carroll (For newborn infants give residence of mother) Maryland Henryton, Md. (If ontside city or town limits, write RURAL and give nearest town) Baltimore 20 days (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... 2029 Brunt St. Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 237-28-1182 LAFAVETTE SYLVESTER 6.(a) Single, married, widowed, or divorced 4 Sex 5 Color or race MEDICAL CERTIFICATION male col. single June 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of bushand or wife..... 45, June 5, 19 45 June 5. 7. Right date of April 19, 1916 deceased (mo., day, yr.) DURATION Immediate cange of death If less than one day Tuberculosis 8. AGE: Pulmonary Dec.. 1944 29 9. Birthplace Lilesville N.C. (Town, county, and state) Worker in Canning Factor 10. Usual occupation... Due to..... 11. Industry or business E 12. Name Richard Wall
13. Birthplace North Carolina 12. Name Richard Wall (Include pregnancy within 3 months of death) Hattie Ingram Major findings of operations..... North Carolina 16 Informant Reuben Hoffman, M.D. PHYSICIAN: Please underline the cause to which death should be charged statistically. Henryton, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof... (Burial, cremation, or remove) Which?) Accident, suicide, or homicide..... Where did Injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of Injury Henryton, Md.

Deputy Loca Registrar | Address.

PLAINLY, is especially ASE A15 SZ



information carefully. The cof death clearly and legibly.

ADING INK. Supply every i Physicians: please write the

important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(For ne	RESIDENCE (HOME) OF DECEASED: wborn infants give residence of mother)	
State ME	aryland County Somers	et
City or town	venton	
only or town	(If outside city or town limits, write RURAL and gi	ve nearest town)
Street No	(If outside city or town limits, write RURAL and gi	ve nearest town)
	(If outside city or town limits, write RURAL and gi	ve nearest town)

Maryland Colored How long in hospital or	Tubercul Branch, I	osi s ^l enry	Sanatorium ton, Md.		
3. (a) FULL NAME					
S.	YLVESTER	WHIT	E		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced		
male	male colored married				
6.(b) Name of husband	or wife	Jilli	an White		
7. Birth date of deceased (mo., day, yr	Morr 7) If alive, give age3.7years		
8. AGE: Years	Months	Days	If less than one day		
47	1	20	hrsmin.		
9. BirthplaceVe	Farm Pal	ounty, and s	tate)		
11. Industry or business	James wl	***			
12. Name		ILLE			
	Unknown	(0)			
14. Maiden name	Bessie	(3)			
15. Birthplace	Unknown				
16. Informant	C. D. Lee	e, M.	D.		
Address	Hemryton	, Mar	yland.		
17(Burial, cremation,	or removal. Which?)	Date there	of		

	3. (b) Social Security Number	
,	ERTIFICATION	
20. DATE OF DEATH. June 27	1945 at 11	, 45
21. I CERTIFY that death occurred on the date abo Sept. 5	ve stated; that I attended deceased from 45, to June 27,	9.45.
Immediate cause of death	culosis Fe	
Due to	***************************************	
Due to		
Dther conditions		
(Include pregnancy within 3 r		13
Major findings of operations		
Autopsy results		
22. VIOLENCE: If death was due to external cau	ses, fill in the following;	
Accident, suicide, or homicide	Date of	* = = = = = = = = = = = = = = = = = = =
Where did injury occur?(City or town)	(Connty) (State)	
Injured at home, farm, Industry, public place (wh	ere?)	

WRITE PLAINLY, is especially

(Date rec'd by registrar)

18. Funeral director

1. PLACE OF DEATH: Carroll

How long in above place of death?.

Henryton

Hospital, Institution, or street address where death occurred

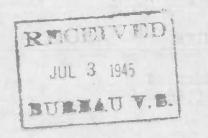
Registrar

23. SIGNATURE

Means of injury

Injured at work?

Date signed 6/27/45



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consense is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

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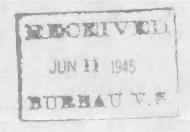
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2411 14. Charles St., Daithinore	12.6)		
TIFICATE OF DE	ATH	_	

County Carroll Henryton, Md City The county C	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
State. Mary Land Cousty [Not long in Johns place of teaths. 3 months , 12 days [Not long in Johns place of teaths. 3 months , 12 days [Not long in Johns place of teaths. 3 months , 12 days [Not long in Johns place of teaths. 3 months , 12 days [Not long in Johns place of teaths. 3 months , 12 days [Not long in Johns place of teaths. 3 months , 12 days [Not long in Johns place of teaths. 3 months , 12 days [Not long in Johns place of teaths. 3 months , 12 days [Not long in Johns place of teaths. 4 months] [Not long in Johns place of teaths. 4	County Carroll	(For newborn infants give residence of mother)		
Street No. Str	City or town Henryton, Md.	State Maryland County		
Steet No. Stee	(If outside city or town limits, write RURAL and give nearest town) 3 months, 12 days	Poltimono		
Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Maryland 2(a) If return, name war 3. (b) Social Security Number RUSSELL HENRY WHITTAKER RUSSELL HENRY WHITTAKER 218-01-8963 4. Sat	Hospital, Institution, or street address where death occurred:	834 Edmondson Ave.		
RUSSELL HENRY WHITTAKER 3. (b) Social Security Number 218-01-8963 4. Sex	Maryland Tuberculosis Sanatorium	all out tractions		
RUSSELL HENRY WHITTAKER 3. (b) Social Security Number 218-01-8963 4. Sex	How long in hospital or institution?	2.(a) If veteran, name war		
Male col. single 6.(a) Name of hurband or wife. 6.(b) Name of hurband or wife. 8. AGE: Verrs Months Days It less than one day 41 10 13 hrs. 9. Birthplace Enfield, N. Carolina (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. Henry Whittaker 13. Birthplace Enfield, N.C. Reuben Hoffman, M. 14. Informat. 15. Birthplace Enfield, N.C. Reuben Hoffman, M. 16. Informat. 17. White a see of with the seed of the see of the case to which death should be charged statistically. 18. Function of cembral, which is the country of the country, only (year) Camelery or cremoval, which) 19. Function of cembral, which is the country of the country	3. (a) FULL NAME	3. (b) Social Security	Number	
male col. single 6.(b) Name of hubband or wife 6.(c) Hamber of hubband or wife 6.(c) Hamber of hubband or wife 7. Birth date of deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Year Months 9. Birthplace Enfield, N. Carolina (Town, county, and state) 10. Usual occupation. 11. Industry or hubbaness 12. Name. Henry Whittaker 13. Birthplace North Carolina 14. Maiden name. Priscilla Sea 14. Maiden name. Priscilla Sea 15. Birthplace Enfield, N.C. Reuben Hoffman, M. Address Henryton, laryland. 17. White Committee of the comm	RUSSELL HENRY WHITTA	AKER 218-01-896	3	
6.(b) Name of husband or wife 6.(c) Name of husband or wife 7. Birth date of deceased (mo. day, yr.) 7. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days If less than one day Ad 10 13 hrs. min. 9. Birthplace Enfield, N. Carolina (Town, county, and state) 10. Usual occupation. Jani tor 11. Industry or business 12. Name Henry Whittaker Henry Marker Henry Marke	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
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7. Sirih date of deceased (mo., day, yr.) July 21, 1903 8. AGE: Years Months Duys It less than one day All 10 13 hrs. min. 1945 9. Birthplace Enfield, N. Carolina Crown, county, and state) The conditions The conditio	8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dece	sed trom	
and that let at wh		February 22, 19 45 to June	3.,19.45	
8. AGE: Years Months Days It less than one day 41 10 13 hrs. min. 9. Birthplace Enfield, N. Carolina (Gover, county, and state) 10. Usual occupation. Janitor 11. Industry or business 12. Name. Henry Whittaker 13. Birthplace North Carolina 14. Maiden name Priscilla Sea 14. Maiden name Priscilla Sea 15. Birthplace Enfield, N.C. Reuben Hoffman, M. D. Antepsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. Yollence: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. Accident, suicide, or homicide op. Accident, suicide, or homicide op. Acci	7. Birth date of Tipler 27 100%		1	
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12. Name	1D. Usual occupation	Due to		
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Address Henryton, haryland. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of				
Address 17. Date hereof. (Burial, cremation, of removal. Which?) Cemetery or crematory. Location 18. Funeral director Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE M. D. or other	16. Informant	Antopsy results.	statistically.	
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Cemetery or crematory. Met. Guldwiss Cla., Where did Injury occur?	17 13 14 n 18 Date thereof Jane 8-1944			
Location 3 Atimal injured at home, farm, industry, public place (where?) 1B. Funeral director Man. Locative R. W. Manne of Injury Address 3 2 2. No School der St 23. SIGNATURE Deele M. D. or other	(Burial, cremation, of removal. Which?) (month) (day) (year)			
18. Funeral director Mrs. Haffy R. William Means of Injury Injured at work? Address 322. N. School der St June 3. 45 Why S. September 123, SIGNATURE Reader M. D. or other	Cemetery or crematory	(City or town) (County)	(State)	
Address 322. N. School der St 23. SIGNATURE Reeben Homen m.D. M. D. or other	Location 13 oftinal		***************************************	
June 3. 45 all AR Swalfs 23, SIGNATURE M. D. or other	18. Funeral director Mys. Hatry R. W. Dliam	Means of Injury Injured at work?		
June 3. 45 all AR Swalfs 23, SIGNATURE M. D. or other	000 00 8 1 0 1 0 4	1/000 as Holman 20	X	
		23, SIGNATURE M. D. C	or other	
(Date ree'd by registrar) Deputy Lods Pristrar Address Henryton, Md. Date signed 6-3-45	(Date rec'd by registrar) 19. Deputy Lods area (Deputy Lods area (Deputy Lods)	Address Henryton, Md. Date signed.	6-3-45	



CERTIFICATE OF DEATH

					Reg. Dist. 140	***************************************
City or town(If How long in above pla Hospital, institution, Marvlan	Henryton Coutside city or pown ce of dealh? or street address where d Tubercy Branch, or institution?	limits, write I nonths death occurred	RURAL and sive nearest town) 6, 10 days 6: 6: 6: 6: 7: 7: 8: 8: 9: 8: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m State	nother) write RURAL and give nea AVONUE LOCATION)	rest town)
		S	SYLVESTER WOODS		213-10-86	04
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	col.	n	narried	20. DATE OF DEATH. June 22,	19.45	, 4:30 ^A
6.(b) Name of husban T. Birth date ot deceased (mo., day	Tan		c) It alive, give ageyeal	21. I CERTIFY that death occurred on the date abov January 12, 19 and that I last saw h i Thillye on Ju	e stated; that I attended dece 45 _{to} June 2 ne 22,	2sed from 2, 19.45
8. AGE: Yea		Days	If less than one day	Pulmonary Tubero	culosis	June
4	7 4	29	hrs		***************************************	1943
10. Usual occupation 11. Industry or busing 12. Name	Labo	ods West	Indies	Due to		
Address 11	Henryton	Date there Calv A S S allee	(month) (day) (year) - 20 - R. A Central Are H. Swalkens	PHYSICIAN: Please underline the cause to whi 22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	ich death should be charged ies, fill in the following; Date of (County) ere?) injured at work? M. D.	(State)
June June	ωω, 19 <u>4</u>	S uller	Deputy Local	Henryton, Md	Bata alamad	6-22-4

Deputy Local

Henryton, Md.

VS A15

PLEASE

19. (Date rec'd hy registrar)

MARGIN RESERVED FOR BINDING

